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Executive Summary

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Introduction

The Delaware Criminal Justice Council received a grant from the National Institute of Justice to conduct a process evaluation¹ to assess the gender appropriateness of a Therapeutic Community (TC) model used at the Baylor Women's Correctional Institute (Baylor) and the CREST North and South TC treatment programs. Baylor is a level V women's prison, CREST North is a TC treatment work release program and CREST South is a TC work release program housed on the campus of the Sussex Correctional Institution (a level V prison). A Level V prison is one in which the facility is secured and prisoners do not have the capacity to leave. Level V prisons hold people who are sentenced to more than one-year incarceration for the commission of misdemeanors or felonies.

The evaluation included the use of data analysis on the 1999 KEY program at Baylor, individual interviews with the women currently participating in the Baylor KEY program, curriculum analysis and focus groups with the participants in the Baylor, CREST North and CREST South treatment programs. The goals of the research and interviews were:

1. To assess what the participants thought about the program; and
2. To determine if the women thought the program met their needs specifically based on gender.

Background

Drug use leads to many antisocial behaviors including dysfunctional families and criminality. One of the treatment programs that has gained in prominence in treating drug addicts, while in prison, is the Therapeutic Community Model. Therapeutic communities, in prison environments, are based on the concept that the addict must be removed from the general

¹ By process evaluation the author means an evaluation in which the goal is to review the theory and operations of the program to determine if the program, as implemented and received by the clients of the program, is reaching the desired goals.

Report to the National Institute of Justice
Process Evaluation Assessing the Gender
Appropriateness of the KEY / CREST Program
Implemented at the Baylor Women's Correctional Institute

FINAL REPORT *Archived*

Delaware Criminal Justice Council
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population and placed in a separate area in which the negative influences of prison are removed in order to create an environment that allows for positive behavior change. In a Therapeutic Community Model drug treatment program, drug addiction is viewed as a symptom of the dysfunctional behavior in the addicts' life and not the cause of the dysfunction in the life of the addict. The addict is considered to be in need of habilitation to positive social behaviors rather than rehabilitation.

The State of Delaware instituted a Therapeutic Community (KEY) in the Multi-Purpose Criminal Justice Facility located in Wilmington Delaware in 1988 to treat drug addicts in the facility. In 1994 a similar program was established at the Baylor Women's Correctional Institution. Research has shown that the Therapeutic Community model is successful for women but requires modifications from the application of the program to men. Research has also shown that success of women in Therapeutic Community programs are influenced by various factors including length of stay, the number of participants in the program, history of sexual abuse and the presence of female counselors and program directors.

During the implementation of the KEY program, it was observed that after care was needed to continue and maintain the positive changes in a Therapeutic Community KEY graduate. One of the methods used to meet this need was to establish a work release program based on the Therapeutic Community Model. In 1990 Delaware received funding from the National Institute on Drug Abuse to establish the first work release Therapeutic Community (CREST). Research since the implementation of KEY and CREST has found that addicts who attend KEY and CREST have lower recidivism rates than those without KEY or CREST program experience.

In 1999, the Delaware Criminal Justice Council received a grant from the National Institute of Justice (NIJ) to conduct a process evaluation on the Therapeutic Community program at the Baylor Correctional Institute and the CREST work release program to assess whether the treatment continuum is gender appropriate and to make recommendations to the programs regarding necessary improvements. This report is the final draft a report to NIJ assessing the gender appropriateness of the KEY / CREST programs.

Methodology

The evaluation was divided into four parts:

- Part One: Assess recent graduates of Baylor as a basis to create a profile of program participants and secure background data for survey / interview questions.
- Part Two: Curriculum review.
- Part Three: Assess client satisfaction.
- Part Four: Focus group analysis.

The goal of part one was to determine drop out points along the continuum of the treatment model. The goal of part two was to assess if the program as designed and implemented is gender specific and gender appropriate. The goal of part three was to assess what participants thought about the program and the treatment model. The goal of part four was to provide an opportunity for open discussion on the gender appropriateness of the program and to discuss the concepts behind the models as well as gain insight into concerns of program participants.

Summary of findings

The analysis of the women who were discharged from Baylor in 1999 provided a profile and template for survey and interview questions that were developed for the women who are currently in Baylor. The profile of the typical participant in the TC program is a woman who is Caucasian or African American, with less than a high school education, between the age of 31 and 50 years old. She has children and has suffered some level of abuse in her past. Although she does not have a formal psychiatric treatment history or diagnosis, she has suffered depression, anxiety and/or an inability to concentrate. She may have entertained thoughts of suicide or has attempted suicide. She participated in drug treatment prior to Baylor and her drug history began during her adolescence. She is a multiple drug user with the most common drugs used being cocaine and heroin. Of the various demographic and social factors that accompany her into treatment at Baylor, four factors will have the most impact on whether she will succeed.

She is at higher risk of failure if she has any of these four factors:

- (1) A *psychiatric history* (formal diagnosis and/or emotional/psychological difficulties),
- (2) If she has *contemplated suicide*,
- (3) If she has *attempted suicide*, or
- (4) If she has *difficulty in controlling her temper or her behavior is hostile / violent*.

The first five weeks are the critical weeks for new participant at Baylor. If she fails, it is likely she will do it during the orientation of the treatment. If she, however, remains in the program through the 49th week (the mid point of the treatment cycle), she is most likely going to remain in the program and be successfully discharged from KEY.

Dr. Bonniwell Haslett was contracted by the Delaware Criminal Justice Council to conduct an analysis of the curriculum used at Baylor and CREST and to assess the environment of both programs to determine gender appropriateness of the program. Dr. Haslett concluded that the program was gender appropriate but made two main recommendations. First that the CREST program be made single sex and second that Baylor and CREST reassess the hierarchy structure of the program to be more therapeutic in nature. Other observations included the need to reduce the level of hostility in encounter groups, increase direct access of clients to counselors and updating the curriculum.

Overall, program clients ("family members") considered the program gender appropriate and the women did not feel unsafe or threatened by the presence of males in the program. Clients did voice various concerns including the need to reduce the level of hostility in encounter groups, more focus on the nature of addiction and the various types of addiction rather than behavior modification and more direct access to counselors. Family members were supportive of the program design in which family members are in positions of authority to enforce family rules. Overall, they found the rules fair, although some complaints were made in regard to favoritism in enforcement of those rules. Some of the women noted that the program needed more female only encounter groups and that the program needed more programming designed to help addicts make peace with their families outside and to maintain contact with their children. Although the program clients were not without complaints, they agreed that the program can offer an addict a

way to "straighten up" and that in the end "the addict has to want to change" and if the addict does not want to change it does not matter what program she is in.

Recommendations

- 1. A review should be conducted on how people are placed in CREST North and South.**
Currently a person can be placed in CREST North or South by court order, as a condition for release from Baylor or Gander Hill or by request by an inmate without being required to go through the KEY program. The program needs to have a reduced number in order to end the "crowded" aspect of the program and include inmates who "want" to make a change in their lives. Inmates who are placed in CREST North or South under order and who don't want to be there take away from the therapeutic nature of the program.
- 2. Both Dr. Haslett and the program directors agreed that the more outside training for the staff is needed. The curriculum should also be reviewed to make sure that it is current and that it is relevant to drug treatment programming and gender appropriate.**
- 3. An assessment is needed to determine what actually needs to change to improve the environment and therapeutic value of program operations and what views from the "family" members are based on the negative behaviors of addicts and people who are incarcerated.** The meetings with family members and program staff made clear that there are various differences of opinion as to the quality and nature of what is treatment and whether the program offers "family" members an environment for positive change. It is not proposed that the program does not provide such an environment but that the "family" members perceive it as not being a positive environment. Although the program was found to be gender appropriate, there appears to be differences in what the program directors and counselors define as treatment as compared to what the "family" members define as treatment. *This is significant because research has shown that people in treatment are more successful when they view program modality as treatment*

Executive Summary

This report assesses the gender appropriateness of the TC program for female substance abuse offenders. The TC programs are designed to help clients recognize and confront their patterns of substance abuse and criminality. Generally, these programs have been successful in reducing recidivism among substance abuse offenders. However, these programs were designed for male substance abusers, and given the growing body of research on gender differences and the increase in female offenders, it seemed useful to evaluate whether or not the TC programs were appropriate for female offenders. The findings in this report are based on over 100 hours of observation and staff interviews at TC programs throughout Delaware.

These findings are grouped in four broad categories: external factors that influence the TC programs; physical facilities; the structure and curriculum of the TC programs; and the TC staff.

External factors. The TC programs run within the context of the DOC and various correctional institutions. More frequent dialogue between the TC directors and DOC would help develop more awareness of the TC program, its needs and its relationship to the correctional institutions. More funding is needed for women inmates, and for TC programs for women in particular. Community services also need to be expanded to help the transition of clients back into society. Because many female offenders have significant histories of abuse, more mental health providers should be available for inmates (e.g., licensed clinical psychologists, board certified psychiatrists, etc.)

Physical facilities. It is critical that separate Crest facilities for women be established so that a psychologically safe environment can be provided for them. Although a new facility is being built, steps should be taken immediately to provide separate, temporary quarters. Existing facilities need to be modified to provide private space for client intake and counseling sessions, and a large group area for gathering the entire TC family.

Structure and functioning of the TC programs. The house structure and house rules need to be reviewed so that a clear therapeutic benefit can be established for the hierarchy and job functions. In addition, the TC staff needs to monitor carefully how clients carry out these responsibilities and to remove clients who may abuse these positions of responsibility. The curriculum needs to be updated and the overall curriculum needs to be sequenced over the Key and Crest phases. Additional materials for women should include information that is consistent with an introductory course in the psychology of women, and more information on sexual abuse and domestic violence, spirituality, health issues for women, and job training. General information on substance abuse should be tailored specifically for either a female or male audience.

TC Staff. Generally, the TC staff consists of dedicated, hardworking individuals who are genuinely committed to assisting their clients. And they carry out their tasks in less-than-optimal conditions, which includes a lack of space, lack of privacy and continuous change as a part of their daily work. Staff should be provided with more training and computers to help them handle the record keeping and client files. More staff should be hired with training in areas like social work, psychology, and communication to supplement the skills of the currently employed staff.